



City of Hallandale Beach

HUMAN SERVICES DEPARTMENT VOLUNTEER ENROLLMENT FORM

Name: _____ SS# _____ D.O.B.: _____ Sex: _____

Address: _____

Phone: _____ Education: _____ (Grade, if applicable) _____

Do you have a valid Florida Driver License? ☐ Yes ☐ No Driver License # _____

Do you have transportation? ☐ Yes ☐ No

Have you ever been arrested or convicted of a crime: ☐ Yes ☐ No: If yes, state the court, nature of offense, disposition of case and date: _____

Occupation: _____ Employer: _____ Work Phone Number: _____
(Please list previous experience below if retired.)

What experiences and/or educational background would you like to utilize in your volunteer work? _____

PLEASE CHECK VOLUNTEER PREFERENCE:

DAYS/TIMES		FIELD OF INTEREST	
<input type="checkbox"/> Weekdays	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Clerical Work
<input type="checkbox"/> Weekends	<input type="checkbox"/> Evenings	<input type="checkbox"/> Grounds Maintenance	<input type="checkbox"/> Arts and Crafts
<input type="checkbox"/> Mornings	<input type="checkbox"/> Flexible	<input type="checkbox"/> Senior Activity Center	
		<input type="checkbox"/> After School Program (Tutoring/working with children)	

SPECIAL SKILLS:

<input type="checkbox"/> Computer	<input type="checkbox"/> Arts and Craft	<input type="checkbox"/> Dance Instruction
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Telephone System	<input type="checkbox"/> Exercise Instruction
<input type="checkbox"/> Clerical	<input type="checkbox"/> Music Instruction	<input type="checkbox"/> Theatrical Instruction
<input type="checkbox"/> Other (Specify): _____		

Emergency Contact Person (Name and Relationship): _____

Address: _____ Phone: _____

Are you on medication? ☐ Yes ☐ No (If yes, list medication(s)) _____

Reference: (Two persons not related to you who you have known for at least two years).

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

How did you learn about our volunteer services? _____

Volunteer's Signature _____

Date _____

Parent's Signature (if volunteer is under 18 years) _____

Date _____